Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07274
1. PLACE OF DEATH	(1/8)
County m ontgonery	Registration Dist. No. 214
Village or City Silver Spring -	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME have unstensen	
(a) Residence: Np. 8106 Glorgia (ive	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE No DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. Wildrend	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Warry & autology	22. LAEREBY CERTIFY, Thet I attended deceased from July 4 19 33, to July 4 19 33
DATE OF BIRTH (month, dey, end year) Feb. 13- 1873	I lest 55w h; deeth Is said
AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Returned SAWYER, BODKKEEPER, etc.	Potient dead upon Date of oneet
SAWYER, BODKKEEPER, etc	armost - heart attack
work wes done, as SILK MILL, For. Clause.	
kind of work done, as SPINNER, Returned 1. SAWYER, BODKKEEPER, etc. Returned 1. SIND SHAPE SHA	
12 DIDTIDE ACT (situations)	Other Contributory Causes of importance:
12. BfRTHPLACE (city or town) (State or country) 12. BfRTHPLACE (city or town) (State or country)	Mente videgestion
13. NAME Soud ages Cud ensen	
13. NAME Sandages Studenson 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Partha Sanger. 16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill in also the following:
f6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, f9
(State or country)	Where did Injury occur? (Specify city or town, county and State)
(Address) Singularian	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Menner of Injury
Place Willing to will fine 1933	Nature of injury
19. UNDERTAKER Cagned & Sunfylney (Address)	24. Was disease or Injury in eny way releted to occupation of deceased?
20. FILED 4 why 5th 1536 \$ 5. Wudher \$	(Signed) M. D. M. D.
If more blanks are needed, address State Registrar.	(Address) Silver Spring U. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	Example II	
The principal cause of death and related causes Date of onset of importance were as follows	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago
Cerebral hemorrhage	Peritonitis .	3 days ago
Other contributory causes of importance. Gallstones May 1,1923	Other contributory causes of importance:	1 year
		2 your

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5, 1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

MARGIN RESERVED

V. S. No. 1

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1. PLACE OF DEATH	PU DEATH 0/2/0
County Marilgonious	Registration Dist. No. 213
Village or City Po Acreelly	No. St. Ward
THE CHI	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 yrs mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ingmia Flelch	ice Treuse
(a) Residence: No. 3017 - Great attalled	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That Lattended deceased from
1 2 10 7	Messy 30 ,1923, to July 3 ,1933
6. DATE OF BIRTH (month, day, end year) \uley 33 -78/3	I last saw h le elive on Sulf 3 , 1933; death is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, atm.
~ / / / ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Carallo-Vascullar
a Industry or business in which	Musal directed year
work was done, as SILK MILL, October SAW MILL, BANK, etc.	For
B Date deceased last worked at feb 1932 11. Total time (years) spent in this occupation (month and feb 1932 occupation 36	Keston
12. BIRTHPLACE (city or town) Lockwelly	Other Contributory Causes of Importance:
(State or country) Mostla, Co - Mc	augt.
13. NAME John Buchanan Brewer	Jula.
13. NAME (Shu Buchanan) Brewer	Name of operation
(State of country) or voiling to, ona	What test confirmed diagnosis?
15. MAIDEN NAME Verguia Flylotico Juscel	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Virginia Floties Tuscret 16. BIRTHPLACE (city or town) Washinglow	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mary M. J. Stewer J. (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place To Creville Must Date (1933)	Neture of injury
19. UNDERTAKER COM, Telebers turnsplury (Address) Ruckielle - mal-	24. Was disease or injury in any way related to occupation of deceased?
2 1 32 31 31 3 19 1	(Signed) It Paurus M.D.
20. FILED 7 3 19 33 Mrs. W. J. Gratte Registrar.	(Address) 1028 Com Con Vaca 100

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RECORD

BINDIN

MARGIN RESERVED FOR

WRITE

V. S. No. 1

1	PLACE OF DEATH County Moulgamery	STATE OF MARYLAND CERTIFICATE OF DEATH
	73.4	Registration Dist. No. 216
TIcate:	Village or City Steesda (No. 2FULL NAME Cyalette 6	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH (Mogth) (Day) (Year)
a no suo	March - 15 -, 1849 (Month) (Day) (Yeat)	17 I HEREBY CERTIFY, That I attended the deceased from 192 3, to 192 3, that I last saw here alive on 192 3,
nstructi	7 AGE Styrs. 3 mos. 20ds. or min.?	
266	8 OCCUPATION (a) Trade, profession or particular kind of work	Chroine valvular
rtant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 4 yrs. mos ds.
odwi	9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) yes
s very i	10 NAME OF Poliett Serens	(Signed) / Keller Juff M.D. (Luly 6. 1933 (Address) Bethanda
2	OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	of MOTHER Jamie M. Joevel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
5	OF MOTHER (State or country) Mary Laced	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
10 11	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
laterie	(Address) 46/2 W. Va. and	19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL TO 1933
0	Filed July 6 183 B. C. Perry, M. D. Registrar	Tomer Champhory Tochills
	If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting N. S. No. V.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more, Laborer—Coal mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on or At Home, and children, yrs). (b) Colton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; En chopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The valvular Always qualify all heart disease; contributory not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1

	OF MARYLA	AND—	CERTIFICATE OF DI	EATH 07279
1. PLACE OF DEATH			948	- 4.6
County Montgomery			Registra	tion Dist. No. 2
Village or City Chevy Char	50,	(16	No. death occurred in a horpital or institution, give its N	St., Ward
Length of residence in city or town where	death occurredyrs.		ds. How long In U.S. if of foreign birth	
2. FULL NAME James Edi	ward Chapman.			
(a) Residence: No. 5810 Cons			St Ward.	
(a) Residence. No.	(Usual place of abode	e)		ident give city or town and State
PERSONAL AND STATIST	TICAL PARTICULA	ARS	MEDICAL CERTIFICA	ATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, W OR DIVORCED (write Married		21. DATE OF DEATH July (Month)	3 , 193 5 (Year)
5a. If merried, widowed, or divorced HUSBAND of Annette S. (Chapman,			I F/Y. That I ettended deceesed from
6. DATE OF BIRTH (month, day, and year)	1mm47 00 TO67		I last saw has alive on bull	1925; deeth is said
7. AGE Years Months	April 28, [86]	LESS than	to have occurred on the date stated above, at.	8 P.m.
72 2		/,hrs.	The PRINCIPAL CAUSE OF DEATH end related were as sollows:	
9 Trade profession or particular		₂	Coronaryoca	Date of onset
kind of work done, es SPINNER, ROSAWYER, BOOKKEEPER, etc	boal De M. Total time (yea spent in this	alw sis)		
12. BIRTHPLACE (city or town) Richm (State or country)	nond Virginia	1,	Other Contributory Causes of importance	Perosis ?
13. NAME Unknown				
13. NAME Unknown 14. BIRTHPLACE (city or town) (State or country)	paraiso, Chil	Le	Name of operation	71
15. MAIDEN NAME Unknown.			What test confirmed diagnosis?23. If death was due to external ceuses (VIOLENC	
15. MAIDEN NAME Unknown. 16. BIRTHPLACE (city or town)	Va.		Accident, suicide, or homicide?	
17. INFORMANT Annette S. Cl (Address) 5810 Conn. Ave		, Md.		ity or town, county and State) In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	7.1.1.4	77	Manner of Injury	
Place Washington, D. (Ltilama a	, 1922.	Nature of injury	
19. UNDERTAKER Martin 11. (Address) 1300 N. St. N.	Washingto	on,D.C.	24. Was disease or injury In any way related to o	occupation of deceased?
20 FILED July 4 -, 1933 7 /	omas k. Con	Registrer.	(Signed) (Address)	HOOM OF TO

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriasclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritanitis	3 days ago
U BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor-

of

V. S. No. 1

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CAUSE

(Address)

should state

OCCUPA

07281

(131)		1	12
	Registratio	n Dist. No. 2	15
No			
eath occurred in a hospital or institut	tion, give its NAI	ME instead of street	and number)
ds How long in U.S. if of			
10			
<i>y</i>			
St., Ward.			
	If nonreside	ent give city or town	and State
MEDICAL C	ERTIFICAT	TE OF DEAT	Н
21. DATE OF DEATH		21	
7	ny	0/	, 193_3
U	(Month)	(Day)	(Year)
22. A LHEREBY	CERTI	FY, That I atten	ded deceased fro
Luly 23	1933 to		19
Canada dina	10.2361, 0011	10.2	death is sa
Hast saw hatter alive on		3 P	; death is sa
to have occurred on the date stete	0 00000, 01		
The PRINCIPAL CAUSE OF DEAT were as follows:	H end related ca	suses of importance	Date ol onse
acute auch	ules		1920
Endor as	Eti-		1934
here ser li	1	Mesas	10 2 2
2 /0			1.0.0
neprimes			17.3.3
Other Contributory Causes of impo	ortance:		
Name of operation		Date	01
What test confirmed diagnosis?			
23. If death was due to external cau		-	
Accident, suicide, or homicide?		Date of injury	, 19
Where did injury occur?	(Specify city	or town, county and	State)
Specify whether injury occurred in	n INDUSTRY, in	HOME, or in PUBLI	C PLACE.
Manner of injury			
Nature of injury			
24. Wes disease or injury in any w		cupation of deceased	?
7. 4	ray related to occ	opation of doodsoo	
If so, specify	vay related to occ		0
If so, specify (Signed) US	iws on		e rud m

Registra

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
BUREAU V	3 _ {		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	-WRITE PLANIX, WH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
	of in	plu	CCL	
	item	sho	of C	1
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5	ENT	TI	ied.	
1101	MAN	AC	lassif	
PIL	PER	EX	ly cl	ate.
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KE	NG	AGE	that	ions
NIL	ADI	ed.	S, S0	ructi
AR	UNF	pplie	term	inst
	H	ly su	lain	See
4	1	reful	in p	tant.
	ALY,	e ca	ATH	hport
•	LA	uld b	DE	ryii
	E P	shoi	E OF	TION is very important. See instructions on back of certificate.
	VRIT	ition	ISON	NO
1	1	m	C	I

N. B.-WRITE PLA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07282
1. PLACE OF DEATH	948
County mondgomery	Registration Dist. No. 216
Village or City Chory Chase	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2 10 19	Town long in 0.0.11 of foreign billing
2. FULL NAME / MILACE Man	
(a) Residence: No. 43/3- (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the worth)	21. DATE OF DEATH 20
made while marked	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. That I attended deceased from
Manys of Small	July 16 ,1933, 10 July 20 ,1933
6. DATE OF BIRTH (month, day, and year) Dec. 3-1885	I last saw helia alive on July 201, 1973; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
49 7 17 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as STIMES AWYER, BOOKKEEPER, at SAWYER, BOOKKEEPER, BOOKKEE	wronary houleses fely
kind of work dona, as STINDS SAWYER, BOOKKEEPER, CO. SINDS WORK WAS done, as SHIP MILL Work was done, as SHIP MILL	1 14(43)
work was done, as Seth Mill Comment Comments	<i>i</i> ,
10. Data deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
	antero delerases
13. NAME 4. J. January 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
11	What test confirmed diagnosis? Was there an aulopsy? M.O.
15. MAIDEN NAME 15. 16. BIRTHPLACE (city or town) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	23. If death was due to external causes (VIOL ENCE) filt in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Ber 8-11- 9-	Where did injury occur?
17. INFORMAN MO. MARINE (Address) 4. 1.3 - Marine M	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL / AP	Manner of injury
Place Appendix 1 Mars. (V Date / 22, 19 33	Nature of injury
19. UNDERTAKE OS Garrelles Son's Inc.	24. Was diseasa or injury in any way related to occupation of deceased? 745
(Address) 1754-Pa, Art. 20 20 10	If so, specify
20, FILED July 21, 1933 B. C. Perry M. D.	(Signed) Atwallon M.D.
Registrar.	(Address) Cheryphile Va
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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łi	Example II	
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1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 weck ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastrocnteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

BINDING

RESERVED

MARGIN

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- T Y. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WR

20. FILED.

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Example I	li de la companya de		Example II	
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Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	1550	3 days ago
			usivisi ==	
Other contributory causes of importance:	4	Other contributory car	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year
				1

STATE OF MARYLAND—CERTIFICATE OF DEATH

07288

1. PLACE OF DEATH	(127)
county mont gomery	Registration Dist. No. 223
	No. U. a. character Danitarium the Richal War (If death occurred in a hospid or institution, give its NAME instead of street and number) os. 16 ds. How long in U.S. if of foreign birth? yrs
2. FULL NAME Mr John Gillen	
(a) Residence: No. 11 a 8 Park Place N & (Usual place of abode)	St., Ward. Was hing four 1). C. If nonresident give only or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. If married, widowed, or divorced	21. DATE OF DEATH (Month) 25 , 1933 (Year)
HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 1275	1 HEREBY CERTIFY, That I ettended decessed from the same of the same alive on the same alive of the same alive of the same alive on the same alive of the sa
7. AGE Years Months Oays If LESS than 1 day,hrs	to have occurred on the date stated above, et. 4:2.2. P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onsei
8. Trade, profession, or particular kind of work done, as SPINNER, SWILER NAME SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SLIK MILL, CARIYOL Trackion Co. 10. Date deceased last worked at ABRIZ 1 11. Total time (years) this occupation (month and year). 12. BIRTHPLACE (city or town). DAT NES WILL (State or country) Many Carnery Co. 13. NAME PAY ICK ILLY 14. BIRTHPLACE (city or town). (State or country) 15. Carnery Co. 16. Track NAME 17. Carnery Co. 18. Track NAME 19. Industry or business in which work done as SILK MILL, CARIYOL Trackion Co. 19. Industry or business in which work done as SPINNER, SWILL NAME 19. Industry or business in which work done as SPINNER, SWILL NAME 19. Industry or business in which work done as SPINNER, SWILL NAME 10. Industry or business in which work done as SPINNER, SWILL NAME 11. Total time (years) spent in this 2 7 years 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country)	Other Coutributory Causes of importance: Laship - Willelied Name of operation Date of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cabbey Davis 16. BIRTHPLACE (city or town) (State or country) Irland 17. INFORMANT Washing to Sanitarium Records (Address) Takoma Park ma	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Washington Sort 7/2 5,13. 19. UNDERTAKER Shalley & Walley De	Manner of injury Neture of injury 24. Was disease or injury in eny wey related to occupation of deceesed?
20. FILED July 25, 19.33 N.E. Rogers Registrar.	(Signed) (Address) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

1			
		3 3 3 5 5 1 1	

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

1. PLACE OF DEAT

20. FILED berkey

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Yaar)

Date of onset

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

ery item of infor-	ent of OCCUPA.	1	1.
. B.—WRITE PLAINLY, WYTH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1	3. S 15a. I
IIS IS A PERMAN be stated EXAC	be properly classif	of certificate.	
ADING INK-TH	s, so that it may	TION is very important. See instructions on back of certificate.	MOTHER FATHER 12. 11. 11. 11. 11. 11. 11. 11. 11. 11.
LI, WATH UNF	TH in plain term	portant. See inst	MOTHER FATHER
mation should be	CAUSE OF DEA	TION is very im	18.
. P.	T)	20

1. PLACE OF DEATH County Municipal Registration Dist. No. 2/3 Village Hery Survey Or Class - A Fool #3 Gautherstrung Marks, Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred // yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME Survey Registration Dist. No. 2/3 (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIJO WED, OR DIVORCED (write the world) 5a. If married, widowed, or divorced HUSBAND of (Month) (Oay) (Year) 193 193 193 193 194 194 195 195 195 195 195 195	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07290
Village of the Villag	1. PLACE OF DEATH	
Village of the Villag	County Montagners	Registration Dist. No. 2/3
(If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred // yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME (a) Residence: No. // H. 3 Gaulthars St. // Month (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWEO, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of	Village of the During (Or chand -/	T. No. 2
2. FULL NAME Samuel R. Hall was a factor of the state of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of Coay) (Year)		
(a) Residence: No. 12 7 D ## 3 Quilburs 15. Monard. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of	C / 0 × 00	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of	10 4 1 4 2 A Otal	Lung Mand.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of HUSBAND of		If nonresident give city or town and State
Male Aey OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of Word Or Divorced HUSBAND of Or Divorced HUSBAND of Or Divorced	PERSONAL AND STATISTICAL PARTICULARS	
5a. If married, widowed, or divorced HUSBAND of		
5a. If married, widowed, or divorced HUSBAND of	Male heys Single	(Month) (Oav) (Year)
A HEREBY CERTIFIY. That I ettended deceased from	5a. If married, widowed, or divorced HUSBAND of	V V
(b) HIE 1 21 1033 10 21 1033	(or) WIFE of	THEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer) March 15 - 1922 Plast saw harmalive on large 22 1, 1933; death is said	S DATE OF BIRTH (month day and year) M as 1. 15 - 1927	Clast saw has alive on Sury 02/1 1933: death is said
7. AGE Years Months Days If LESS than to heve occurred on the date steted above, at &		(6-43
1 dey,hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance, were es follows:		ware se follows:
1 & Trade profession or particular Of 1	2 Trade profession or particular	acite Basalameningiles Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER of House SAWYER, BOOKKEEPER, etc. A House Selections of particular SAWYER, BOOKKEEPER, etc.	SAWYER, BOOKKEEPER, etc.	Deplococce present hat get July 11/20 ?
Industry or business in which work was done, as SILK MILL,	Industry or business in which work was done, as SILK MILL,	topled (July 28-30)
SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SPINNER SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Total time (years) this necessaries after the second in this expension this	SAW MILL, BANK, etc	Specimen of Spinal fluid submilled
of this occupation (month and spent in this occupation compation occupation occupation occupation	- 10/ mis accapation (month and	As Exam bufuly 31 - Epidemic menings.
Other Contributory Causes of importance: Coccus menengities. Seve	m. 1-Pan hid	Other Contributory Causes of importance: Coccus meningities. Seven
(State or country)		9
1 Cone		"tene.
E 100 110	E I BURTURI ACT CITA MARA CAR POR MICH	Nama of apprehian 72 call
Name of operation. Actual State of country) What test confirmed diagnosis Expanse of Blood Was there en autopsy? Actual State of Country of the Country of	(State or country)	To Don't Spinal title
	II 15. MAIDEN NAME Saclus Q. Riels	
15. MAIDEN NAME Selva A: Ruels 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) (State or country) Oate of injury	5 16 BIRTHPLACE (city or town) Wash . Co	
Where did injury occur?	∑ (State or country)	
(Specify city or town, county and State) 17. INFORMANT Surved 21. Hallura Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	17. INFORMANT Sumal St. Hallma	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) R. T. D. Gaillusty M. T.		
18. BURIAL, CREMATION, OR REMOVAL Place Control Oate 1042 3 1933	0 1 1 2 2	Manner of injury
Place Oate Oate Nature of injury Nature of injury	Place Coate Jacob	Nature of injury
19. UNDERTAKER Lawrence School 24. Was disease or injury in eny way related to occupation of deceased? 200		70.
(Address) If so, specify If so, specify	(Address)	The Allens of the A a C
20. FILED 123 1933 1 Nucleus Min (Signed) (Signed) M. D.		x
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Example I			Example II		
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	(100)	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	47	a 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BOKESON V	July 5,1927	Peritonitis	3 days ago	
	alf.				
Other contributory causes of	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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of OCCUPA-

1. PLACE OF DEATH	208.2
County Montanne	Registration Dist. No. 2/3
Village or City wild Star Esta, md.	No. St. Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Wilmen dock	the search of th
(a) Residence: No. 1 6 44 - North Capitof (Usual place of a stode)	St.,) (Ward. Washing has been and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Thele OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	Very lody
(or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
1 1 2 1 9 1 1	, 19 2 D, to 19
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
7 h. / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Handred & Shad
S. Industry or business in which	(de an total)
SAW MILL; BANK, etc. Sandary Froc Slave	The state of the state of
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	Jan our by Struk
13. NAME Daward to	Carlon
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 11 aug Treffin	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. STATE OF THE STATE	Accident, suicide, or homicide? Date of injury July 21, 19 20
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Chas C. KIT - Brockers	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 1716 - Diving St. No. No.	Vally place
18. BURIAL, CREMATION, OR REMOVAL Place Vash. DC Date 8-1- 1933	Manner of injury . Out palate ly Shirt Car
Place Nach. Date 8-1-,1933	Nature of injury washing - acceptation
19. UNDERTAKER W. W. Chambers	24. Was disease or injury in any way related to occupation of deceased?
(Address) 14 ft-, DC	If so, specify
20. FILED 8-1, 1993 mm. WJ. Reall	(Signed) M. D.
Registrar.	(Address) All Mentle Male

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR F	FURTHER STA	ATEMENTS BY	PHYSICIAN
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PHYSICIANS should state "H UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PLAINLY, W

V. S. No. 1 N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Monlgoney.	Registration Dist. No. 2/3
Village or City nu, A Rockwelly	No. St. Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Josephine Relen	Oleus
(a) Residence: No. 1910 Cochvelet	Mard.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (portice the word) OR DIVORCED (portice the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of John W. Reys	22. i HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 4. 1841.	I last saw h 4 alive on lealer 2 1 19.35 : death is said
7. AGE Years Months Days If LESS than	I last saw h alive on leading to have occurred on the date stated above, at 3 2 m.
92 4 2,5. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER.	Serielity Date of onset
SAWYER, BOOKKEEPER, etc.	arterio-salerasta / engo
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Duration - not stated.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Cantributory Causes of importance:
	Cerebral sechemia/
14. BIRTHPLACE (city or town) Many fand	Name of operation. 21. Date of
(State of Country)	What test confirmed diagnosis
# 15. MAIDEN NAME Matilda Mellow	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ALL SILE V. TELES	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place To charille Mansae Jug 1, 1933	Nature of injury
19. UNDERTAKER M. M. Teuten Trubury (Address) Poliville mo	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 9/1 ,1933 Mrs. W. J. Pract Registrar.	(Signed) C 60 Mayles M. D. (Address) 18 6 Monthsoner, are
If more blanks are model all a Sea D. '.	N. O. J. C. D. H.

15 more planks are needed, address State Kegistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	[1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Gavianas	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Jo should County Registration Dist. No. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? _____yrs. ____mos. ____ds. Length of residence in city or town where death occurred _mos.____ds. statement 2. FULL NAME (a) Residence: No. RECORD If nonresident give city or town and State (Usual place of ahode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word). (Mont) (Year) BINDING assified 5a. If married, widowed, or divorced HUSBAND of TIFY. That i attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to heve occurred on the dete stated above, et a.m. 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or perticular TION kind of work done, as SPINNER, LA RESERVED of SAWYER, BOOKKEEPER, etc .. may back 9. Industry or business in which OCCUPA work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked et 11. Total time (years) this occupation (month end spent in this that occupation _ instructions Other Coutributory Causes of importance: 12. BIRTHPLACE (city or town) MARGIN (State or country HER 13. NAME FAT 14. BIRTHPLACE (city or town) Name of operation____ (State or country) efully What test confirmed diegnosis? War 0 MOTHER 15. MAIDEN NAME E 23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?__ DEATH 16. BIRTHPLACE (city or town) (State or country Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT should (Address) CAUSE OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury _ Date Nature of Injury LION 24. Wes disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify 20. FILED ... Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. Nof 1.

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Cerebral hemorrhage BUR	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	STATEMENTS B	3Y	PHYSICIAN
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

18	pay	6)	0	10	
0	6	4	3	()	

1. PLACE OF DEATH	92-0
County Montgomery	Registration Dist. No. 214
Village or City Kensustan	No. St., Ward
Length of residence in city or town where death occurred 4 yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME An. William fatane	Lewis
(a) Residence: No. / Cananagtan med	St., Ward.
(Usus place of abode) . PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
male white OR DIVORCED (write the word)	druly 12 193 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of how marganet Queles land	22. 1 HEREBY CERTIFY, That I attended deceased from
Des 10 15/12	193/ to July 12 , 1933
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	last saw harman alive on July 1, 1932; death is said
1 day,hrs.	to have occurred on the date stated above, at
8 Trade profession or posticular	were as follows: Date of onset
kind of work done, as SPINNER, Physician SAWYER, BOOKKEEPER, etc.	aute delatation of
Syndustry or business in which	heart
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
200 1:11	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Chalengetets improvedely
	& Chronic related hear
E	and the same of th
14. BIRTHPLACE (city or town)	Name of operation
I 15. MAIDEN NAME anne Inne	What test confirmed diagnosis?
15. MAIDEN NAME Quine June Fernis	Accident, suicide, or homicide?
E (State or country) Englo. Va.	Where did injury occur?
17. INFORMANT Mrs. Margarel D. Lenis (Address) Huminata Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOYAL	Manner of injury
Place Beallevelle - Met Date July 14, 1933	Nature of injury
19. UNDERTAKER Uniform Printer Charles (Address) Colorille Mach	24. Was disease or injury In any way related to occupation of deceased?
20. FILED July 13, 1933 J.S. Windleson Registrar.	(Signed) Maison Bend hull M. D. (Address) Silvery many had
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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i i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July5,1927	Peritonitis	3 days ago
	Other centributery causes of importance	
May 1 1000		
May 1,1920	Guoti Gentrel trio	1 year
	1915 1921 July 5,1927 May 1,1923	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: May 1,1923 Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

found dead in hed on morning of July 12, 19 ??.

	T RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	/	
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
V. S. No. 1	N. B.—WRITE PLAINLY,	mation should be car	CAUSE OF DEATH	TION is very import:	

V. S. No. 1

1. PLACE			F MAR	YLAND—	CERTIFICATE OF DEATH 0729			
County Nonte Md					Registration Dist. No. 2/6			16
		Bethesda			No		St	Ward
Length of r	residence in cit	v or town where r	leath occurred		death occurred in a hospital			
	lence: No.	~ •	Edwin Lethersbu:		St., Ward.			
(a) nesiu	ience. No	CA (35, 165,	(Usual place			If nonresident	give city or town	and State
	NAL ANI	DSTATIST	ICAL PART	ICULARS		AL CERTIFICATE	OF DEATH	
Male		or race White		RRIED, WIDOWED, D (write the word)	21. DATE OF DEA	ATH JIJI V (Month)	3 <u>T</u> (Day)	, 193_3.3 (Year)
5a. If married, wid HUSBAND of (or) WIFE of		ced				EBY CERTIF		
6. DATE OF BIRT	H (month, day	, and year)	Nov I	4+h T884		when I saw		
	Years 48	Months 8	Days I7	If LESS than 1 day,hrs. ormin.		ate stated above, at OF DEATH and related cause		
kind o	ofession, or pa of work done, a ER, BOOKKEE	PER. etc.	ife Ins		#	istory obta		Date of onset
work saw	was done, as S MILL BANK e	ILK MILL,	DI.	oker	Cerebral	Hemorrhage		
	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc							
12. BIRTHPLACE (State or c		Wa	shingto	n DC	Other Contributory Cause	of importance:		
13. NAME	Jame	es L	Lodge					
	ACE (city or too	wn) Mary	land			iosis?		70
15. MAIDEN	NAME A.	lice V	Warfie			ernal causes (VIOLENCE) fil		
	ACE (city or too or country)	wn)	aryland		Accident, suicide, or homicide?			, 19
17.INFORMANT Cthor Trundle (Address) Gaithersburg Md			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.			State) PLACE.		
18. BURIAL, CREM			Date AUE	2nd ,19 33	Manner of injury			
19. UNDERTAKER (Address)	1	Gar	There	June		in any way related to occupa		
20. FILED Qu	192,1	,33 (B.C. Per	vry on De	(Signed) (Address)	2 Elus	the)	nus M. I

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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V. S. No. 1 ŭ

item of infor-

1. PLACE OF DEATH	CERTIFICATE OF DEATH 07298
County Monte.	(82°a)
	Registration Dist. No.
Village or City Servel (1)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
A M A AI C .	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Adda 7 m	arter.
(a) Residence: Np.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE: 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
ohn t martin	May 1933 to July 24 1933
6. DATE OF BIRTH (month, day, and year) Unknown	I last saw h_ Lz alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 119m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset Date of Onset Man 23
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	and the state of t
4. Industry or business in which work was done, as SILK MILL,	7
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
this occupation (month and spent in this year) occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	arleri Relevous
E Tours	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
I TOTAL STATES	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city of Jown) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
or of the state of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT fellie Janusly (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place Despurille Date July 26 193.	Nature of injury
19. UNDERTAKER Leg De processor	24. Was disease or injury in any way related to occupation of deceased?
(Address) Jetspoll	If so, specify
20. FILED 7/26 , 1933 Mus. W.J. Rose	(Signed) M.D.
/ Registrar.	(Address) Copally

CEDTIFICATE OF DEATH

CTATE OF MADVIAND

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAR V. a				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

4	1	1-5	63	0	1	1
	1	1	2	y	0	1

1	1. PLACE OF DEATH					95-2				
	County Montgomery Chase					Registration Dist. No. 216				
	Village or City					NoSt.,	Ward			
	landh of roois	lanca la ci	itu ar taun whara	tooth assured		death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. If of foreign birth?yrsmm				
							03us.			
1	2. FULL NAM									
	(a) Resident	e: No	LLO ROS	emary St	of abode)	St., Ward. If nonresident give city or town and	State			
	PERSON	AL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH				
3.	sex Male	4. COLO	ROF RACE		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH July 21, (Month) (Day)	, 193 3 (Year)			
5a.	. If married, widowe HUSBAND of (or) WIFE of	ed, or dive	orced			22. I HEREBY CERTIFY, That I attended At time of death	deceased from			
	DATE OF BIRTH (y, and year)Una	able to	obtain If LESS than		; death is said			
	32		montes	Days	I day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset			
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc					me (years) It in this 15yrs	Acute Dilatation of the Heart.	-			
12	BIRTHPLACE (cit (State or coun	y or town)	Nash	ville, Tenn.	pation	Other Coutributory Causes of importance:				
ER	13. NAME	J	Inable t	o obtai	n		-			
FATHER	14. BIRTHPLACE (State or		own)\	* }		Nama of operation Data of What test confirmed diagnosis? Was there an	77.7			
ER	15. MAIDEN NAM	ME UI	nable to	obtain		23. If death was due to external causes (VIOL ENCE) fill in also the following				
MOTHER	16. BIRTHPLACE (State or		OWN)(NWC			Accident, suicide, or homicide? Data of injury, [9, Where did injury occur?				
17. INFORMANT Dr. C. R. Shelton (Address) 225 Rosemary St					(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.				
18. BURIAL, CREMATION, OR REMOVAL Place Wash, D. C. Date July 24, 1983					y 24 , 19 3 3	Manner of injury				
19. UNDERTAKER Malyan & Schey W. Wash, D.C.					wash, D.C	24. Was disease or injury In any way related to occupation of deceased?				
20. FILED July 22, 19 33 B. C. Perry M. Registra.					Registrar.	(Signed) Detheral me	d, M. D.			

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		The second second	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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AUG A 1922				
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

MARGIN RESERVED

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1. PLACE O	OF DEATH	OI MAIN	ILAND	CERTIFICATE OF BEATH	07302
County	Montan	miles	(sonden	Registration Dist. No.	213
Village or	7 / 6	how Tru	14 mo		
2. FULL NA		- 1	1 mc	no: 10	us.
(a) Reside	. /	Swang (Usua) place	of abode W	St., Ward. Machineston for tow	yn and State
PERSO	NAL AND STATIS	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEA	ТН
male male	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	, 193 3 (Veer)
5a. If married, wido HUSBAND of	wed, or divorced	U			Vecend Indy
(or) WIFE of		RECEIPTED.		22. I HEREBY CERTIFY. That I all	ended deceased from
& DATE OF DIDTH	(month, dey, and year)	0	101		, 19
	ars Months	Days	If LESS than	to have occurred on the date stated above, atm,	death is said
18	1	7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	B
8. Trade, profe	ession, or particular		r or min.	were as follows:	Date of onset
SAWYER SAWYER	work done, as SPINNER, R, BDDKKEEPER, etc	howsp	aper	Deat to to do	
9. industry or work we	business in which es done, as SILK MILL, ILL, BANK, etc			accidental dimming	
SAW MI	LL, BANK, etcsed last worked at	l 11 Total i	time (years)	—	
- I till's oute	upetion (month and	spe	ntin this		
	Com	unte Con.	afer	Other Contributory Causes of importance:	
12. BIRTHPLACE (c (State or cou		Windin	ist	In fail from	
13. NAME	Paris :	#402	2. Proill	- Allmag	
13. NAME 14. BIRTHPLAC	E (aitu an tawa)		4 years	Name of annuation	
(State o	E (city or town)	Car Cla			e of
15. MAIDEN NA	AME ON	Stan	11-	What test confirmed diagnosis?	
15. MAIDEN NA	E (city or town)	0		Accident, suicide, or homicide?	may 190 23
∑ (State o	r country)	Wa.		Where did injury occur? Medernaler hear Pres	y tises mid
17. INFORMANT (Address)	gather- lon	with L. T.	nº hill	Specify city or town, county at Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	nd State) IC PLACE.
18. BURIAL, GREMA	TION, OR REMOVAL	C. Date	chy 31 , 1933	Manner of Injury - Accordants - Osman	4
19. UNDERTAKER (Address)	Warner C.	Parphis	172	24. Was disease or injury in any way related to occupation of decease If so, specify	120
20. FILED 7/3/	,1933 7	ms. W.J.	Registrar.	(Signed) (Address) Approximately (Address)	m. D.
	If me	ore blanks are needed,	address State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.	7,-4

STATE OF MADVI AND CEPTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
AUG 4 1983				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 B ż of OCCUPA-

STATE OF	MARYLAND-	CERTIFICATE	OF DEATH	0730:
1. PLACE OF DEATH				
County Montgomer	4		Registration Dist. N	0. 2-16
Village or City / Chevry		No.		St., Ward
Length of residence in city or town where det		death occurred in a hospital or institut	tion, give its NAME instead f foreign birth?yr	
2. FULL NAME alice	Leggett	Mikkelson		
(a) Residence: No. 35 -W-	Lehlox	St., Ward,		
	(Usual place of abode)		If nonresident give city	
PERSONAL AND STATISTICA			ERTIFICATE OF I	DEATH
Jemale White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Month) (Da	f 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of	181	<u></u>		
(or) WIFE of Yeorge J. N.	likkelson	1 HEREBY	19.73 to Sul	t I ettended deceased from
6. DATE OF BIRTH (month, day, and year)	1-12-187-1	I last saw half alive on	Orali 80	7 19 22 death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date state,	labove, at 3: 30 m.	
61 5	27 1 day,hrs.	The PRINCIPAL CAUSE OF DEAT	H and related causes of imp	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	priseur fe	Diabetes 1	mellity	Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10: Oate deceased last worked at this occupation (month and				
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation			
000,0	4 44/	Bther Contributory Causes of impo	rtance!	-
12. BIRTHPLACE (city or town) (State or country)	Mich.	acute a	Mulaly	n
# 13. NAME Catural TO	Neggett	weat		July
13. NAME SOLUTION ALL IA. BIRTHPLACE (cify or town)	le govern Co	Name of operation 216	ne-	Date of
(State or country)	chigage	/What test confirmed diagnosis?	lood Rugar	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	a I markey	23. If death was due to external cau	1 11	
[16. BIRTHPLACE (city or town)	Equily Co	Accident, suicide, or homicide?	Date of it	njury, 19
(State or country)	engan	Where did injury occur?	(Specify city or town, co	
17. INFORMANT JOUNES &. N. (Address) 63/7 Beech	rod of the ch. mos	Specify whether injury occurred in	INDUSTRY, in HOME, or li	n PUBLIC PLACE.
Place Gedas Hill med	Vate July 10 , 1933	Manner of injury		
las Call	10 1/2	Nature of injury		11-
19. UNDERTAKER 400 9auvuv (Address) 17.54	BONT	24. Wes disease or injury in any wa	ay related to occupation of o	deceased? WVCO
20. FILED 7 9 1933 Hay	Vash Dastin	(Signe Sures	78 affin	iglore M.D.
1 - 1 0000	con Michiganar.	(Address) LLOS	-16 Was	Ihr gler

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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STATE OF MARYLAND	-CERTIFICATE OF DEATH 07304
1. PLACE OF DEATH County Moulganny	8 014
1/1	Registration Dist. No
Village or City Athania Color	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mos. ds. How long in U.S. il ol foreign birth? yrs. mos. ds.
2. FULL NAME Stringe Um.	Morey
(a) Residence: No. (Usual place of (abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
5a. if married, widowed, or divorced HUSBAND of	22.0 1 HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	Alene 9" ,1933, to vey 2" , 1933
6. DATE OF BIRTH (month, day, and year) Oct. 16, 1926	1 iast saw h win aliwe on July (, 1933; death is said
7. AGE Years Months Days If LESS than	
8 / / / ormin.	The PRINCFPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	a Catallataiti Quan
9. Industry or business in which work wes done, as SILK MILL,	(Scorletines) 193
SAW MILL, BANK, etc	Scarlet Ferri
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Dearly Just 19
13. NAME Charles of moftey	,
14. BIRTHPLACE (city or town)	Name of operation Legge Date of Court
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Garrie Juigels	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Thoughout	Where did injury occur?
17. INFORMANT Charles P Mobiley (Address) heres mission Mel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place To Chrille Union rupote July 3, 19.3	Manner of injury Nature of injury
19. UNDERTAKER WM. Pruben Pemplury (Address) Rockwille night	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 7. 3 1833 W L dairis Registrar.	(Signed) Herry & Brown M. D. (Address) Truspington Wed

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Cerebral hemorrhage	July 5,1927	Personalis S	3 days ago
		12 6 81	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Ман 1,1923	Gastroemeritis 7	1 year
		Part 1	

V. S. No. 1 N. B.

STATE OF	MARYLAND-	CERTIFICATE OF DE	EATH 07305
1. PLACE OF DEATH		92-0	4 40 00
County Montgomery		Registral	ion Dist. No. 262
Village or City Sellman		No	St, Ward
Langth of gooddanaa in altu, on town whose dooth o	'- '	f death occurred in a hospital or institution, give its N s	The state of the s
2. FULL NAME Thomas G	ilbert Mossbu	rg	
(a) Residence: No.	Usual place of abode)	St., Ward.	dent give city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICA	
	NGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	1
01	R DIVORCED (write the word)	July	2 8 25 , 193 3
Male White 5a. If married, widowed, or divorced	Married	(Mgrgh)	(Oay) (Year)
HUSBANO of (or) WIFE of		22. A I HEREBY CERT	I Fay. That attended deceased from
Clara B. Mossbu	rg	Jan 1937 to	11 . 1 . 2 . 2 . 2 . 2 . 2 . 2 . 2
6. DATE OF BIRTH (inonth, day, end year)	mber 26-1837	last saw ham alive on July	2 6 // 19 37 donth's said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, it	.45 p.m
71 7	2 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related were as follows:	
9 Trade profession or particular	4 101	milration	suffered 0ate of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. S. Industry or business in which work was done, as SIŁK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and		arter de la	rolles 1
9. Industry or business in which		Prostatict	1022
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	mer		
10. Oate deceased last worked at this occupation (month and spant in this			
year)	occupation	Other Coutributory Causes of importance:	2-
12. BIRTHPLACE (city or town) Poolesville, Md.		Chronie Cyst	11927
(State er country)			. 10
监 13. NAME Peter Kirts N	lossburg	myseadout	July 2
14. BIRTHPLACE (city or town) Poolest		Name of operation	Date of
(State or country)		What test confirmed diagnosis?	Was there an autopsy?
E 15. MAIDEN NAME Margaret L. Phillips		23. If death was due to external causes (VIOLEN	CE) fill In also the following:
15. MAIOEN NAME Margaret 16. BIRTHPLACE (city or town) POOLEST		Accident, suicide, or homicide?	
O 16. BIRTHPLACE (city or town) - FOOLESVILLE, MM		Where did Injury occur?	
17. INFORMANT Mrs Clara Mos	ahura	Specify whether injury occurred in INDUSTRY,	ity or town, county and State) in HOME, or in PUBLIC PLACE.
(Address) Sallman May	range		
(Address) Sellman, Mar 18. BURIAL, CREMATION, OR REMOVAL	y - CIII	Manner of injury	
Place Beallsville, Mdba			
7747 4 A D.		24. Was disease or injury in any way related to	occupation of deceased?
19. UNDERTAKER Hilton & Price (Addiess) Representing M		If so, specify	A a a a a a a a a a a a a a a a a a a a
0.1 2, 02mm	ary Land	(Signed) EW W	Le IMO
20. FILED MLY 30, 1933/1110	- VICINU	(Address) Pvv)	toll my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. a., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Allock of epilepsy	1 week ogo
Chronic interstitial nephritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1802		t library and the same and the	
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis 1	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

BINDING

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 AHS 74 1923	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.S	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH 07307
1. PLACE OF DEATH	713
County Moulgonizus	Registration Dist. No. 2
Village or City Terrochous	NDSt., Ward
Length of residence in city or town where death occurredyrs,mo	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME John House	nel ele
(a) Residence: No. Terrauloustro	CA W.
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED'(write the word)	21. DATE OF DEATH
There single	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY GERTIFY, That Lattended deceased from
(or) WIFE of	3 July 350 9 July 3
6. DATE OF BIRTH (month, day, and year) May 24-1847	I last saw h. death Is said
7. AGE Years Months Days If LESS that	to have occurred on the date stated above, at
86 / 13 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	- 7 V/S
SAWYER, BOOKKEEPER, etc	Crouce my cook
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	
	That
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME OWN HICKNELL 14. BIRTHPLACE (city or town) Pranyland	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
E C	23. If deeth was dua to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide? Date of injury, f9 Whera did injury occur?
17. INFORMANT Williams Pichles	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Generalowo Mel	opening whether in the sorter, in nome, or in robelle reade.
18. BURIAL CREMATION, OR BEMOVAL	Manner of injury
Placed Calavelle Vtes Cf Bate July 11, 1933	Nature of injury A
19. UNDERTAKER JOHN A tentan Pringfing	24. Was diseasa or Injury in any way related to occupetion of deceased?
(Address) Polchville nitt	If so, specify & and file 18.02011
20. FILED July 1883 april D fourse	(Signed) M. D
Registrar.	(Address) 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
ij more vianks are needed, dadjess State Registrat,	2411 IV. I Dattes Street, Baltimore, Requesting 7) S. No. v

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	12	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street cor	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S. ()			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

'PLACE OF DEATH	STATE OF MARYLAND 07308
County Thoute onen	CERTIFICATE OF DEATH
	Registration Dist, No. 218
Village or City Mily (No	St.; Ward) [If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
MARRIED, WIDOWED	Month) (Day) (Year)
Male While (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	DEC 1280, to July 19, 1233
(Month) (Day) (Year)	that I last saw h. M. alive on Muly 19 ,1983
7 AGE If LESS than	and that death occurred on the date stated above, at P m
6 4 yrs 4 mos. ds. OR min.?	The CAUSE OF DEATH* was as follows:
GOCCUPATION	arterio-
(a) Trade, profession, or particular kind of work	Schrosis - + General
(b) Genaral nature of industry,	
business, or establishment in which employed (or employer)	(Duration) 2 yrs. 7 mos. es.
BIRTHPLACE (State or country)	Contributory(Secondary)
Minamy	(Deration) yrs mos as
10 NAME OF FATHER CALL OF STATE OF STAT	(Signed) Spunier, M. D.
11 BIRTHPLACE	July 2019 R3 (Address) Gailth Enslung
State or country	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
W 12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
a unknown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTE)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) mrs Herman Prife	Former or
BALL Plan	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) V. 2 Company Company	7-70 - 111.
15 Siled In le 2 / 1913 7 2 14 Dayson	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Panklin St., Balto., Requesting S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second statement. Never return "Laborer," "Foreman," Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to thine and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberoutosis of lungs, meninges, peritonacum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dcnt; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genltal," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accimerc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Mcasles (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mailg "Contributory." oma. Surcoma. etc., of The contributory (secondary or intercurrent Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion, Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Cat				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Montgommy	Registration Dist. No. 214
Village or City Silfer Apring	No. 9211 & Cert St. Ward
Length of residence in city or town where death occurred from the most	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME BOSK Clarence J.	reat
(a) Residence: No. 9211 19 lark	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Marked	21. DATE OF DEATH (Month) (Day) (Veer)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Sweeney -	22. I HEREBY CERTIFY. That I attended deceased from
5. DATE OF BIRTH (month, day, and year)	I last saw h den alive on July 18 1933 : death is said
AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at / Ho.m.
62 10 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Murearditis - 6 1150
kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dalo deceased last worked at this occupation (month and	7.0
10. Dato deceased last worked at this occupation (month end year) 11. Total time (years) spent in this year) 12. Total time (years) spent in this year)	
2. BIRTHPLACE (city or town) Panelmour end	Other Contributory Causes of importance;
(State or country)	Obliterasing and Reterote 10 4s
13. NAME 26079 13, 19ps	
13. NAME 14. BIRTHPLACE (city or town) (Stale or country)	Name of operation Blashing of operand left Date of 1930.
	What test confirmed diagnosis? Allegange Was there an autopsy?
P. do	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or towo) / 2 Canal for the country)	Accident, suicide, or homicide? Date of injury, 19
7. INFORMANT A Rose (Address)	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION OR REMOVAL	Manner of Inlust
Place law Arl M Dete July 21, 1938	Nature of Injury
9. UNDERTAKER & H House Clay	24. Was disease or injury in any way related to occupation of deceesed?
(Address) 29 0 1 - 14 St NW	If so, specify. (Signed). DIDM Jehrelf,— M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
\\\\\\\\\\\\\\\\\\\\\\\\\\			
		3	
Other contributory causes of importance:		Other contributory causes of importance:	GUEY .
Gallstones	May 1,1923	Gastroenteritis	1 year
		*	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	J

V. S. No. 1 N. B.

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	07311
County Mont gomery	Registration Dist, No. 223
Willage or City Takoma Park, Marylan	d. No. Washingken Sanskarium & Mas bikalward death occurred in a hospital adinstitution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	death occurred in a hospital disstitution, give its NAME instead of street and number) 1.3. ds. How long in U.S. if of foreign birth?mos,ds.
2. FULL NAME Mr. Bert Russell	
(a) Residence: No. 2001 Mar engo Que. (Usual place of abode)	St. Ward. South Pasadena. Calif.
	St., Ward. South Pasadena, Calif- If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
male white OR DIVORCED (write the word)	21. DATE OF DEATH July 3 , 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of Mrs. alice D. Russell	22. I HEREBY CERTIFY, That I attended deceased from
white III.2. Wice D. Ilmssell	July 18,1933, to July 31, 1933
6. DATE OF BIRTH (month, day, and year) May 10, 1874	I last saw h.1 m. alive on July 30 ,1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 2 a.m.
5-9 2 21 lday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER ASSISTANT Examiner & Retent SAWYER, BODKKEPER, etc. ASSISTANT Examiner & Retent Solution of the work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) spent in this occupation (month and year) 11. Total time (years) spent in this occupation 17 years) (State or country) 11. The Solution 17 years)	ammona poisoning annifold.
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country) TEMASYIVANIA	What test confirmed diagnosis? Was there an autopsy? Lex
15. MAIDEN NAME Frances Eldridge 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Lushington Sanitarium Records (Address) Takoma Park, Mary land	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Local Date of injury 27, 19 37, Where did injury occurred: (Specify city or town, county and Stafe) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 1 le marque Bate y ruly 3/, 1933	Nature of injury
19. UNDERTAKER MAN CANADA CONTRACTOR OF THE PROPERTY OF THE PR	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)
If more blanks are needed, address State Legistrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

Gallstones

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

1 year

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy . 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 weck ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance:

May 1.1923

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Gastroenteritis

m,

should state of OCCUPA.

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(23)
	County monly	Registration Dist. No. 216
	Village Dr City Ofrevy bhase	No
		death occurred in a horpital or institution, give its NAME instead of street and number ds. How long in U.S. if of foreign birth?yrsmos
	2. FULL NAME marion Silverna	
\	(a) Residence: No. 410 Joyloc (Usualplace of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Day)
icate.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Calle Silveur 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	22. Pateur discords when 9 M I last saw h. Ed. alive of VEV. 1645. P. M. i dea to have occurred on the date stated above, at 1645. P. M.
s on back of certificate	8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked at this occupation (month and year) spent in this occupation	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Dat Dat
See instructions on	12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town)	Other Coatributery Causes of importance: Pulsuage S Al- dealta Name of operation
Š	(State or country)	Whet test confirmed diagnosis? History + PRoyas there an autops
important.	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in all the following: Accident, suicide, or homicide?
is very	17. INFORMANT Celle Selveman (Address) 4 16 Jaylor Sh Mal 18. BURIAL, CREMATION, OR REMOVAL Plece Washington to Chate and 2, 1938	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Nature of injury
TION	19. UNDERTAKER Frank Leiers Sons Co (Address) 1/1/3-7 Stru	24. Was disease or injury in any way related to occupation of deceesed? No
)	20. FILED 8 - 1 - , 19.33 Thomas (1. Coulas)	(Signed) Tromples Louis

Date of enset

instead of street and number) ____yrs.____mos.___

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS BY PHYSICIAN
authousation Achange date of	with see letter Filed under
N. Thomas Course. 101 4932 9)	0

should state

PHYSICIANS

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

Exact statement of OCCUPA-

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County Horit goneen	Registration Dist. No. 2/8
Village or City har Laylons rille mol	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
B 1 1 1+	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Laty Amille	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Andrew 2 193 B (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) July 2. 1938	I last sew har elive on A Earl Jacky 2, 1933; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, et
0 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Sportaneono aborlasse Jely 2/33
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oate deceased last worked et this occupation (month and year) spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Course
13. NAME WOODNIN Wilson Co	
(State or country)	Name of operation
15. MAIDEN NAME Town Con Control	What test confirmed diegnosis?
16. BIRTHPLACE (city or town) Moralgoning Co	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT Calla Jugine Carp.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piece Layton valle pole why 2, 1933	Nature of injury
19. UNDERTAKER Pay W Barles (Address)	24. Was disease or injury in any way related to occupation of deceased?
THE HELD WALL 2 10313 THE THE MALE	(Signed) / / Dylou A. M. D.
ON FILED MANAGE. 10(515)	

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	.,
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

SIATE OF MARTEAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County montgomery	Registration Dist. No.
Village or City & amascus	No. St., Ward
Length of residence in city or town where deeth occurred Surlyrs	f death occurred in a hospital or institution, give its NAME instead of street and number)
	us.
2. FULL NAME CUSCOUND NO.	$\omega\omega_1$
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July / 102 3
5a If married widowed as diseased	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1 - 1001	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h; death is seid
// C / / I dayhrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
\$ Trade, profession, or perticular	were es follows:
SAWYER, BOOKKEEPER, etc. Banh as New York	23.
I g. Industry or business in which	aucide by shooting &
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Date deceased last worked et this occupation (month and O) ?	Dellott
this occupation (month and 933 spent in this occupation 12 yr	Control of the Contro
12. BIRTHPLACE (city or town) damascus	Other Coutributory Causes of Importance:
(State or country) monta lo ounty.	
13. NAME PAUL (3. Souder.) 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an au'opsy?
15. MAIDEN NAME Mary 6 Warther 16. BIRTHPLACE (city or town) Damasum	23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Wamascu	Accident, suicide, or homicide? Buicide Date of injury 7/1 1933
(State or country) mary and	Where did Injury occur? Damasous - Montgomy Ge.
17. INFORMANT Sarah Saudus (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of July
Place Damascus Date June 3 1933	Manner of Injury
12 B 12 12 1	Nature of Injury
19. UNDERTAKER , US. OS LOCAL ONC.	24. Was disease or injury In any way related to occupation of deceased?
O. J. W. Sall of Brita	(Signed) Astrolay Grabill
20. FILED JULY 7, 1933 Alla VY, Byrall Link Registrar.	(Signed) Woodly Frabel M.D. (Arthess) Mt. airy, Md.
Copi Registrar.	(Argess) / Ma

V. S. No. 1

PHYSICIANS should state

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

stated ENACTLY.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY,

of OCCUPA.

Exact statement

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL :	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Minigracia	Registration Dist. No. 212
Village or City / South	No. Boyds. hunta B. shik Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Heuritta Thomas	
h h h	St. Ward.
(a) Residence: No. 1 244 (Usual place) abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
These Midamed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	220 I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Harry Juomas	July / 1933, 10 July 4 , 1933
6. DATE OF BIRTH (month, day, and year) line will be 1874	Plast sawher alive on July 7 0 , 1933; deeth is said
7. AGE Years W Months Days If LESS than	to have occurred on the date stated above, et 4-13-1-m.
69 18 Culeur Mukeur or nin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:
8. Trade, profession, or particular kind of work done, as SPINNER,	arterial delevoris (general) 1928
SAWYER, BOOKKEEPER, etc. / TOTALE 9, Industry or business In which	Cerebeal guionlinge.
work was done, as SILK MILL, SAW MILL, BANK, etc.	(tempura
Kind of work dome as SPINNER, Acceptable of the Sawyer, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato decessed lest worked at this occupation (month and spentin this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Maryland	Exclusionia & Breast 1930
(State or country)	(Sohirrles)
13. NAME COUNTY 12 Brown	
14. BIRTHPLACE (city or town) 3 Wanta . Co.	Name of operation Oper of annual y heast tete of 1930
(otate of country)	What test confirmed diagnosis W 10 10 Was there an au'opsy? Was there are an au'opsy? Was the was the automatic the au
15. MAIDEN NAME STATEMENT 16. BIRTHPLACE (city or town) Nutring Co. W. C. State or country)	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Caulall	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) 7 1. 0 7 2 Gormande Wo	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Ilmanton Date July 7 , 1933	Nature of injury
19. UNDERTAKER ROY Barter	24. Was disease or injury in any way related to occupation of deceased? 20
(Address) Laytons ville many and	If so, specify
20. FILED July 16, 1933 mm (Thellow	(Signed) Uplin B Nouse M. D
Ewwh Registrar.	(Address) Kourbulla Wo

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

	re te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	ould state	1. PLACE OF DEATH	930 07316
	F 1	county man Co	Registration Dist. No. 217
	2 2	Village or City Olivey	No. mont to See Stort St., Ward
/	. 0		death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrs,mosds.
1	N.N.S ent	9 49	us. How long in 0.3.11 of foreign birthinyis.
	N. Every YSICIANS statement	2. FULL NAME fame Stomas	Pal 100 DIL
	-	(a) Residence: No. 1 Solution (Usual place of abode)	St., Ward. / St. If nonresident give city or town and State
	RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Ex.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 9 1 24 - 3
FR	L'Y	few col mar	(Month) (Day) (Year)
N	NEN C T I	5a. If married, widowed, or divorced HUSBAND of	22. O I_HEREBY CERTIFY, That I attended deceased from
DI	A C Assifi	(or) WIFE of Ceter Thomas =	July 18 19 3 3 to July 2 4 19 3 3
BIND	ERN EX cl.	6. DATE OF BIRTH (month, day, and year) aug 15th 1885	I last saw h M alive on July 24 1, 1933; death is said
P	IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4/30 Qm.
OR	IS A stated proper sertification	44 11 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
দ		8. Trade profession or particular	were as follows:
GB	HIS be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sawkbelts	acute rephrites July 12.
VE	nould may back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, own home SAW MILL, BANK, etc.	
日		SAW MILL, BANK, etc. 10. Date deceased last worked at bis occupation (month and spent in this 25 %)	Chronic myocarditie. Deration: unknown.
RESER	IG INI IGE sl that it ons on	10. Date deceased last worked at this occupation (month and 30/3) 11. Total time (years) 25 gy occupation occupation	2 Cut R
K	NFADING oplied. AGI erms, so tha instructions	7 40 01	Other Contributory Causes of importance:
Z	d.	12. BIRTHPLACE (city or town) - Mond - Co - Mc (State or country)	1 -0 / huster
ARGIN	(FA	13. NAME Jas & Landy -	myocarditis -
IA	e t u	13. NAME Jas & Landy 14. BIRTHPLACE (city or town) Scotland 13nd (State or country)	Name of operation
P	F .= 70	(State or country)	What test confirmed diagnosis?
	X, WITH carefully [H in pla ortant.	15. MAIDEN NAME Julia Scagwics	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	INLY, WI be careful EATH in p important.	15. MAIDEN NAME Julia Sedgwics (16. BIRTHPLACE (city or town) Mont Co Ind.	Accident, suicide, or homicide? Date of injury, 19
		S (State or country)	Where did injury occur? (Specify city or town, county and State)
	AIN] Id be DEA	17. INFORMANT Jame Thomas	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
T	E PLA should OF DJ	(Address) Doctwill my	
		18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	WRITE nation station station is	Place Who the Place Date My & b, 1935	Nature of injury
-	-WRITE mation s CAUSE TION is	19. UNDERTAKER De K. S. Monday	24. Was disease or injury in any way related to occupation of deceased?
No.	B	(Addiess) Rochsille v Md.	If so, specify
Si.	; (1)	20. FILED July 24, 1933 CS /3 arusley	(Signed) Signed M. D.
-		Rejistrar.	(Address) Dandy Spring Ind
		15 more vianks are needed, address State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 203			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		(31)	L. M
County Mount		Registration Dist. No.	211
Village or City AM	9	No. Month. Co. Lew , Voyer 'S f death occurred in a hospital or institution, give its NAME increase of street	t.,Ward
Length of residence in city or town	n where death occurredyrsmos	s. 9ds. How long in U.S. if of foreign birth?yrs,	mosds.
2. FULL NAME	mas walke		
(a) Residence: No.	endy Sping	Za St Ward.	
PERSONAL AND STA	(Usual place of abode)	If nonresident give city or tow MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RA		21. DATE OF DEATH ()	1
m cal	OR DIVORCED (write the word)	(Month) (Day)	7 , 193 <u>3</u> (Year)
5a. If married, widowed, or divorced HUSBAND of	7. 06	22. I HEREBY CERTIFY, That, I att	anded decessed from
(or) WIFE of Maky	valler	Jan 1930, 10 Duly	3 193
6. DATE OF BIRTH (month, day, and yea	Que 29-6/	I last saw h M alive on July 2 74 19	33; death is sald
7. AGE Years Mo	nths Days If LESS than	to have occurred on the date stated above, at 5 920 a.m.	
7/ 1/0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINN	VER Y- ex-		Date of onset
kind of work done, as SPINN SAWYER, BOOKKEEPER, etc 9. Industry or business in which		Chronic nephritis	
work was done, as SILK MILL SAW MILL, BANK, etc.	Jarm	name personer	1920
kind of work done, as SPINN SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation 53		
12. BIRTHPLACE (city or town) MA	mx Co - md	Other Contributory Canses of importance:	
(State or country)	101000	artenwactersus	1920
13. NAME Remu	is toalker	myocardetis	1922
13. NAME CENTRAL 14. BIRTHPLACE (city or town)	monte med	Name of operationDate	e of
(State or country)	2 -5. 119	What test confirmed diagnosis?	
15. MAIDEN NAME	len Dond	23. If death was due to external causes (VIOL ENCE) fill in also the fol	llowing:
16. BIRTHPLACE (city or town)	nonto, ma -	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	7-11/	Where did injury occur? (Specify city or town, county an	nd State)
17. INFORMANT WANY (Address)	Bandy Spring hid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	N /	Manner of injury	
Place Sandy-Spru	Date 7-4-5, 19-3-3	Nature of injury	
19. UNDERTAKER (Address)	M. Suonden	24. Was disease or injury in any way related to occupation of decease If so, specify	d? 200
20. FILED July 4, 1933.	C.Barnisley- Registrar.	(Signed) Orables amplication (Address) Saudy Storms	and M.D.
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	7701

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	· ·		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B

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ery	N	ent	1
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	ref	in in	tan
LY	ca	TH	Dor
IN	be	EA	im
E PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	s very important. See instructions on back of certificate
	sho	0	A S

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07318
1. PLACE OF DEATH	(72)
County Montgoury	Registration Dist. No. 218
Village or City nead to of the City	NDSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. 711. Dayson wille	St.,Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Trale Colord Prarried (write the word)	(Year)
5a. If married, widowed, or divorced HUSBAND of	Viluan train of
(or) WIFE of Ellew Nelson, Exchester	22. HEREBY CERTIFY, That attended deceased from
6. DATE OF BIRTH (month, day, and year) Ref 11 - 1885	1 last saw h ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
48 5 1 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEFER, etc	Date of onset
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	- John V
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) May frame	Other Contributory Causes of importance:
(State or couptry)	and the second
13. NAME Jeange Jasler 14. BIRTHPLACE (city of town) 2 may 1 and 1	gara-
14. BIRTHPLACE (city of town) May Conf	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ely abeth Munisy	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 2 say large (State or country)	Accident, suicide, or homicide? 17 macuar Date of injury 16,19 33. Where did injury occur? Proper Camping 19.
17 INFORMANT Clem Relson Belset	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Gail Keichung M. 1.	a 1. Home
18. BURIAL, CREMATION, DR REMOVAL Place 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Manner of Trijety Store thing bear (Sur Turn) Nature of injury Short Town heavy
19. UNDERTAKER Pay 30 Barbar (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED July 19, 19.33 11 11 X 2000 0 204	(Signed) M. D.
the eff. Registrar.	(Address) / / ///www. / /Ad

If more blanks are needed, andress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	RURTHER	STATEMENTS	RV	PHYSICIAN
ADDITIONAL	STAUL	LOW	FURTHER	STATEMENTS	13.1	LUISICIAN

1. PLACE OF DEATH	(953)
County Montgomery	Registration Dist. No. 218
Village or City Generalton (I	NoSt.,W f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	sds. How long in U.S. if of foreign birth?yrsmos
(a) Residence: Np.	USt., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year
HUSBAND of Warrer G. Welch	22. I HEREBY CERTIFY. That I attended deceased to 1933, to 1933
6. DATE OF BIRTH (month, day, and yeer) Okn. /. 1860	I last saw h delive on 1923; death Is
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:00 mid myh
73 3 /3 ^{1 day,hrs.}	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc.	- Chronic Cardio reual
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (months and	Alsterna,
10. Date deceased last worked at this occupation (month and year)	70.
12. BIRTHPLACE (city or town) Baltimore	Other Contributory Causes of importance:
(State or country)	hellite traduction of
13. NAME James Strox Italy	/ January
13. NAME James Spring 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Josephine Sternan	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Josephine Steman 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT 2912. Sleve Boland, (Address) Truman town Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Md.	Manner of injury
Place file form Date July 18, 19 9 3	Nature of injury
19. UNDERTAKER Powell & Slowell (Address) 20 odg land Wild	24. Was disease or Injury in any wey releted to occupation of deceased?
20. FILED July 17, 1933 aherda G. Cooke	(Signed) Janorchart (Address) Janish & Ma
~ //	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		p. 4	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH County Services of Death Cou	STATE OF	MARYLAND-	CERTIFICATE OF DEATH	
County Mary gomery Be at Tripher of City Jacobs and Country And C	1. PLACE OF DEATH			07320
Langth of residence in city or town where death occurred 12 yrs	Monto		Pogistration Diet Ma	77-3
Length of residence in city or fown where death occurred 1. yrs. mos. ds. New long in 19.5, If of foreign biths? mos. ds. New long in 19.5, If of foreign biths? mos. ds. New long in 19.5, If of foreign biths? mos. ds. New long in 19.5, If of foreign biths? mos. ds. New long in 19.5, If of foreign biths? mos. ds. New long in 19.5, If of foreign biths? mos. ds. New long in 19.5, If of foreign biths? mos. ds. New long in 19.5, If of foreign biths? Mark D. Septiment to the very long in 19.5, If of foreign biths? Mark D. Mark D. Septiment to the very long in 19.5, If of foreign biths? Mark D. Mark D. Septiment to the very long in 19.5, If of foreign biths? Mark D. Ma	7)	on le		k
Largh of residence in city or town where death occurred 1. yrs. mos. ds. How long in 19.5, If of foreign birth? yrs. mos. ds. 2. FULL NAME MAY MAJOR	Vinage or City June 19 Mile	un (t., Ward
(a) Residence: No. 9. Wall Manual And State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCY Comic the word OR DIVORCY Comic	Length of residence In city or town where dear			
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED Coming the words OF DEATH 2. DATE OF DEATH 7. AGE Parts 6. DATE OF BIRTH (month, day, and year) film 1 day. hrs. 2 day. hrs. 2 dated above at. Lo. L. m. 2 dated his said to have accurated in the date stated accuss of importance were as follows: 1 day. hrs. 2 dated his about a dated accuss of importance were as follows: 1 day. hrs. 2 dated his about a dated his. 2 dated his about a dated his. 2 dated his. 3 dated	2 01/ 1	maria Whi	tehon Whitehorn and D.	
3. SEX 4. COLOR OR RACE OR DIVORCED Currier the word OR DIVORCED Currier to Walker Or OR DIVORCED Currier OR DIVORCED CURRIER TO OR DIVORC	(a) Residence. No. 7	(Usual place of abode)	If nonresident give city or tow	n and State
So. If maried, widowed, or divorced Austra Months (Par) So. If maried, widowed, or divorced Austra Months (Par) So. If maried, widowed, or divorced Austra Months (Par) So. If maried, widowed, or divorced Austra Months (Par) So. If maried, widowed, or divorced Austra Months (Par) So. DATE OF BIRTH (month, day, and year) From the PINICIPAL CAUSE OF DEATH and related causes of importance were as follows: So. DATE OF BIRTH (month, day, and year) From the PINICIPAL CAUSE OF DEATH and related causes of importance were as follows: So. Industry or business in which society and the particular of the particular way of the particula	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	гн
53. If married, widowed, or divorced thustyn Montal Multiparts. 6. DATE OF BIRTH (month, day, and year) Fig. 1 HEREBY CERTIFY, That I stended deceased from the said to have occurred on the date stated above, at 1.6. T. m. The PRINCIPAL CAUSE OF DEATH and related eauses of importance with said of work done as SPINNER. SAVER, BOOKEFEFF, etc. SAVER, BOOKEFFF, etc. 10. 0. ate decessed last worked at this occupation (month and year) Santin HUBANA, etc. 11. Total time (years) spanin in this occupation (month and year) Santin HUBANA, etc. 12. BIRTHPLACE (city or town) (State or country) Was there an autopsy? Was there an autopsy? Was there an autopsy? 13. IMAIDEN NAME 14. BIRTHPLACE (city or town) (State or country) Was there an autopsy? Was there an autopsy? Was there an autopsy? Was there an autopsy? 14. BIRTHPLACE (city or town) (State or country) Was there an autopsy? Was there an autopsy? 15. MAIDEN NAME BARTANAME Accident, suicide, or homicide? Otte of injury Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE (Address) 15. MAIDEN NARERMOVAL Place Suitland Malaname Accident, suicide, or homicide? 16. DIRTHPLACE (city or town) (State or country) Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Manner of injury Nature of injury Nature of injury 15. UNDERTAKER 15. MAIDEN NARERMOVAL Place Suitland Malaname Manner of injury Nature of injury Nature of injury 15. Nature of injury Nature of injury 15. Nature of injury Nature of injury Nature of injury 15. Nature of injury Nature of injury 15. Nature of injury 15. Nature of injury Nature of injury 15. Nature of injur	3. SEX 4. COLOR OR RACE S	OR DIVORCED (write the word)	21. DATE OF DEATH 7 - 7	. Aid.
HISBAND OF (or) WIFE OF WILLOW MANAY AND	52 If married widowed or discount	Willow.	(Month) (Day)	(Year)
19.33, to 7.3, death is said 10.45, min. 10.45, min. 10.45, min. 10.75, industry or business in which 10.0 alte decessed last worked at 1 pent in this 10.0 alte decessed last worked at 1 pent in this 10.0 alte decessed last worked at 1 pent in this 10.0 alte decessed last worked at 1 pent in this 10.0 alte decessed last worked at 1 pent in this 10.0 alte decessed last worked at 1 pent in this 10.0 alte decessed last worked at 1 pent in this 10.0 alte decessed last worked at 1 pent in this 10.0 alte decessed last worked at 1 pent in this 10.0 alte decessed last worked at 1 pent in this 10.0 alter decessed last worked at 1 pent in this 10.0 alter decessed last worked at 1 pent in this 10.0 alter decessed last worked at 1 pent in this 10.0 alter decessed last worked at 1 pent in this 10.0 alter decessed last worked at 1 pent in this 10.0 alter decessed last worked at 1 pent in this 10.0 alter decessed last worked at 1 pent in this 10.0 alter decessed last worked at 1 pent in this 10.0 alter decessed last worked at 1 pent in this 10.0 alter decessed last worked at 1 pent in this 10.0 alter decessed last worked at 1 pent in this 10.0 alter decessed last worked at 1 pent in this 10.0 alter decessed in min this	HUSBANO of MARACIAN	Mondal Whitehor	22. I HEREBY CERTIFY That I atte	ended deceased from
6. DATE OF BIRTH (month, day, and year) from 13 //863 7. AGE Years Months Oay It LESS than I day	(of) WIFE of Wisowed.	The state of the state of	II h	
7. AGE Years Months Oay If LESS than 1 day, has been stated above, at Lo. T. m. 7. AGE Years North Months Oay If LESS than 1 day, has been stated above, at Lo. T. m. 7. AGE Press on, or particular with a special profession, or particular with a special profession with a	6. DATE OF BIRTH (month, day, and year)	13 11863	0 "	_
8. Trade, profession, or particular kind of work done, as SPINNER, Accounted with the series of the	The state of the s	Oays If LESS than		
8. Trade, profession, or particular wind own done, as SPINNER, BONKEPER, etc. 9. Industry or business in which work done, as SPINNER, BONKEPER, etc. 10. Oate decessed last worked at this occupation (month and year) 11. Total time (years) spant in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME JOHN 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME BANGAR JELLAN 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place Junious Andrews 19. Manual 19. UNDERTAKER 19. MANUAL 19. MANUAL 19. Manual 24. Was disease or injury in any way related to occupation of deceased? 18. Oate of injury Nature of injury 19. Was disease or injury in any way related to occupation of deceased? 19. Was disease or injury in any way related to occupation of deceased? 19. Was disease or injury in any way related to occupation of deceased? 19. Occupation 19. Was disease or injury in any way related to occupation of deceased? 19. Occupation 19. Was disease or injury in any way related to occupation of deceased? 19. Occupation 19. Occu	70		The PRINCIPAL CAUSE OF DEATH and related causes of importance	
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12. BIRTHPLACE (city or town) (State or country) 13. NAME John 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Other Courtibutery Causes of importance: 11. Other Courtibutery Causes of importance: 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 1	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Y	Georgia master not stated.	
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13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL 18. BURIAL, CREMATION OR REMOVAL 18. BURIAL, CREMATION OR REMOVAL 19. UNDERTAKER 19. UNDERTAK	1	- Cocupation	Other Contributory Causes of importance:	
13. NAME John Ponth Pont		110	Near Jailure	7-1-33
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OF REMOVAL Place Amelian Melwarkoae July (0, 1933 19. UNOERTAKER H B Manual (Address) 19. UNOERTAKER H B Manual (Address) 19. UNOERTAKER H B Manual (Address) 19. UNOERTAKER H B Manual (Ciencel) 19. UNOERTAKER H B Manual (Ciencel)	1// 10 00	-00	-	
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OF REMOVAL Place Amelian Melwarkoae July (0, 1933 19. UNOERTAKER H B Manual (Address) 19. UNOERTAKER H B Manual (Address) 19. UNOERTAKER H B Manual (Address) 19. UNOERTAKER H B Manual (Ciencel) 19. UNOERTAKER H B Manual (Ciencel)	I 13. NAME YOUN	me No		
15. MAIDEN NAME Barbara Cellar 16. BIRTHPLACE (city or town) New Wasthere an autopsy? 16. BIRTHPLACE (city or town) New Wasthere 17. INFORMANT Class Wasthere 18. BURIAL, CREMATION OR REMOVAL Place Methods Place 19. UNDERTAKER B Menius (Address) 91 H Mun York and (Address) 92 H Mun York and (Ciencel Manner of injury 19. UNDERTAKER B Menius (Address) 92 H Mun York and (Ciencel Manner of injury 19. UNDERTAKER B Menius (Address) 92 H Mun York and (Ciencel Manner of injury (14. BIRTHPLACE (city or town)	1-00	Name of operation Date	of
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. (Address) 9 Weighnocland 18. BURIAL, CREMATION OR REMOVAL Place Limitals Melwarbone July (0, 1933 Manner of injury Nature of injury 19. UNOERTAKER H B Manual (Address) 91 H Men York and (Address) 91 H Men York and (Signature) (Sign	A	1200	What test confirmed diagnosis? Was ther	e an autopsy?
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. (Address) 9 Weighnocland 18. BURIAL, CREMATION OR REMOVAL Place Limitals Melwarbone July (0, 1933 Manner of injury Nature of injury 19. UNOERTAKER H B Manual (Address) 91 H Men York and (Address) 91 H Men York and (Signature) (Sign	I 15. MAIDEN NAME Dawara	Mellen	23. If death was due to external causes (VIOLENCE) fill in also the following	lowing:)
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. (Address) 9 Weighnocland 18. BURIAL, CREMATION OR REMOVAL Place Limitals Melwarbone July (0, 1933 Manner of injury Nature of injury 19. UNOERTAKER H B Manual (Address) 91 H Men York and (Address) 91 H Men York and (Signature) (Sign	0 16. BIRTHPLACE (city or town) New US	famy and	Accident, suicide, or homicide? Oate of injury	, 19
17. INFORMANT (Address) 9 Westwork and (O, 1933) 18. BURIAL, CREMATION OR REMOVAL Place Amelian Melhashae July (O, 1933) 19. UNDERTAKER B Menner (Address) 9 1 H New York and (Signed) (Signed) As I Compared in INOUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER B Menner (O, 1933) (Signed) As I Compared in INOUSTRY, In HOME, or in PUBLIC PLACE.	(State or country)	Dan.		16
Place Zindisha Melwashoke July (0, 1933 Nature of injury 19. UNOERTAKER H B Menius (Address) 91 H Men York and (Signal) 18 1 C C Compation of deceased?		Whitehorn	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBL	IC PLACE.
Place Limitation Milwastone July (0, 1933. Nature of injury. 19. UNDERTAKER H B Mening 24. Was disease or injury in any way related to occupation of deceased? (Address) 91 H New York and (Green Association of Assoc	18. BURIAL, CREMATION OR REMOVAL	3	Manner of injury	
19. UNDERTAKER H B Menius (Address) 91 H New York and (Signed) 18 1 G = 22 Comparison of deceased?	Place Lindbly Melinask	1980 July 10 , 1933.		
1 so, specify 11 le ca - h Hand 5		,	24. Was disease or injury in any way related to occupation of deceased	d? ho
	20 FILED July 7 1933 A	and the same	(Signed) Allen & HPn) E M.D

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		- Iggarages	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. Mo. 1

1. PLACE OF DEATH	(92-0)
County Monlgamery	Registration Dist. No. 3/2
Village or City To pleacille	NoSt,Ward
44.6	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Sara Ett 711 ille	Ω
	O. W. J.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH (Mooth) (Day) (Feer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 71 - 23 - 1844	that saw has alive on July 22, 1933; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the deterrated above, at 13.15 Qm.
89 5 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mitral Inguffering 1922
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this occuration (month and	- Court
11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town) Many land. (State or country)	Other Contributory Causes of importance: 10 da
E 13. NAME Senal Marin	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis?
15. MAIDEN NAME Unbanan -	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of Injury, 19
17. INFORMANT Harry Williams (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL) Place Beallacille Date July 33, 1933	Manner of injury
19. UNDERTAKER I Lillon + Piece	24. Was disease or injury in any way related to occupation of deceased? Zwo
(Address) Banesille Md	If so, specify
20. FILED July 231933 Elwahite	(Signed) Entre M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

2

SIAIL OF 1. PLACE OF DEATH	MARYLAND-	
County montgon	any	Registration Dist. No. 2/4
Village or City Linder	1	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death		
2. FULL NAME Marg	verite K	athering Williams
(a) Residence: No. Ludo	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jew, 4. COLOR OR RACE 5. S	R DIVORCED (write the word)	21. DATE OF DEATH July 4 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That I attended deceased from
70	10 1000	1932, to July , 1933
6. DATE OF BIRTH (month, day, and year)	19, 1707	I last saw he alive on Jacky 4 /, 19 33; death is said
7. AGE Years Months	Days If LESS than I day,hrs.	to have occurred on the date stated above, at 1. 14.9 fm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
26	/ 4 or min.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	~ 0	Hadab
Industry or business in which		Hodgkins Disease 1932
work was done, as SILK MILL, SAW MILL, BANK, etc		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. O Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Moutg	omeny Co.	Other Contributory Causes of importance:
1 - 0 0 1110	, /	Charea
13. NAME John Will 14. BIRTHPLACE (city or town) Oran	cams	
14. BIRTHPLACE (city or town)	ge Co.	Name of operation
A A	Va +	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Nellie Ving	mes stewars	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (hellic Virginia) 16. BIRTHPLACE (city or town) (State or country)	gomen Co	Accident, suicide, or homicide?
(State of country)	'ool'	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT / Lelle /	an Ind,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	100 . 61	Manner of injury
Place pull of 4 Nasyba	told Laure, 19	Neture of Injury
19. UNDERTAKER Thomas Italian (Address) 723 - Lea St	The Wash.	24. Was disease or Injury in eny way related to occupation of deceased?
20. FILED 7/4 , 19.3.3 5 6	William Co. Registrar.	(Signed) lebiler Sewell M.D. (Address) Silver Share had
If more blanks	are needed, addre & State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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mple I	- 1	Example II	
and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
The same	1921	Run over by street car	1 week ago
BURBLU	July 5,1927	Peritonitis	3 days ago
f importance:		Other contributory causes of importance:	
Gallstones		Gastroenteritis	1 year
	mple I and related causes s: f importance:	and related causes Date of onset rs: 1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car Peritonitis f importance: Other contributory causes of importance:

FOR BINDING

MARGIN RESERVED

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STATE OF MARTEARD	CERTIFICATE OF BEATTI
1. PLACE OF DEATH	· Ken
County Moretanies	Registration Dist. No. 223
Village or City/aldonia //axle	No. 8 Crescent Plage Ward
Length of residence in city or town where death occurred 4 yrs. mos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Quine Boyd	(e) eline
80.100	
(a) Residence: No. O KO (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 Color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. H married, widowed, or divorced	
(OT) WIFE OF Nobert Carter Welson	22. I HEREBY CERTIFY. That I attended deceased from 1933., to July 13., 1933.
6. DATE OF BIRTH (month, day, and year) africal 25 1858	Ylast say han aliva on Andre 3 19 3 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stafed above staff. Am.
75 2 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this excusation (month and the constitution).	Cartina failure Date of onset
Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	Chronic arthritis, Durotion; several
10. Date deceased last worked at this occupation (month and yaar)	months, Que
8 0 10 1 =	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Sungl, detality
	(Cuthrilles
13. NAME UNMUNIC	
13. NAME WWW. MAC.	Name of operation
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME CONSTRUCTION 16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) & brescept Place almos	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place askingling & Opate fully 13, 19, 45	Nature of injury
19 UNDERTAKER WW6 learn fres 60	24. Was diseasa or injury in any way related to occupation of deceased? 20
(Address) 1400 Coleofin les Wortefle	Cricospecify
20. FILED July 13 1933 HELOGUE	(Signed) / Lewy M. D. Jawelle M. D.
Registrar.	(Address) At Toosenelt

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year